Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the ac	companying	instructions careful	ly hefore comple	itina this	form	•		\$ - # - -
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1. CARRIE	ER INFORM	ATION:						
607	Dafre, Inc.,	t/a Dafre Transport	ation					
*WMATC No.		er (as shown on certifi						
6153 River F	orest Drive			Mana	ssas		VA	20112-3047
		ace of Business	Apt./Suite	City			State	Zip
Mailing Address	(if different fro	om street address)	Apt./Suite	City			Ctata	7:
			1	•			State	Zip
(703) 680-09 *Telephone		(703) 201-4700 Other Telephone		70-4943	F!!			
relephone		Other relephone	Fax		E-mail			
3. CARRIE	B CONTAC	Γ PERSON (at mai	ling addrage to u	uham wa	ماروط ما	iua ak iua :	ui - m.).	
		i i Enoon (at mai	1		Srioulu u	irect inqui	nes):	
Mr. Richard L Name	Payton		Treasur	er				
		[*Title	ı				
(703) 680-09		(703) 201-4700	(703) 67	70-4943				
Telephone		Other Telephone	Fax		E-mail			
*Comple The Me Alexand	ete section 4 etropolitan D ria, Arlington	NT INSIDE THE only if the principa istrict includes the Fairfax, Falls Chu	I place of busine District of Co	ess in se lumbia, Airport. I	ction 1 is Prince (or a full	outside t George's	he Metrop Co., Mon	olitan District.
<u> </u>	7	ervice of Process	Telephone		E-mail	-		20748
<i>,</i> -	***************************************			· .1			MD	
Agent Address	(must be insid	e Metropolitan Distric	t) Apt./Suite	City	Englo	HCLE	State	Zip

to th	rm of orga e carrier's	nization that o	ny merger, consolidation or occurred after the previous ye authority was issued. If no ch red.	ar's annual report was	filed, or if	not applic	able after
at	tach a com	iplete vehicle	HICLES USED IN WMATC list to both pages of this form a all required information.	OPERATIONS: (1) In. If you have more that	ist your vo an 10 vehic	ehicles be cles in you	elow or (2) Ir fleet, you
Fleet No		*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
I certify	RTIFICAT that this red it, and the	eport, includir	ng any attachments, was pre ation contained in it is true, c	epared by me or unde orrect, and complete a	r my supe s of this da	rvision, th	at I have
RIC Name (typ	HARS e or print)	C, f.	44702	*Signature	of Pag	Jon	
	41 URE required for s	ole proprietors)		2///6 *Date /	*10	,	

fo th	*	ation that of a	y merger, con courred after f uthority was is ed.	in neguintic i	æars annua	1 1 1 1 1 1 1 1 1	II Wasi	BEUL OF B	tot appnou	City Career
2	attach a complinust use option	lete vehicle	HICLES USE list to both pa e all required	ges of this fo	C OPERATION. If you h	ave m	: (1) i ore the se Plate	n to venic	*Seating Capacity	ow or (2) fleet, you Wheelchair Lift or Ramp Yes/No
464	, 2007	6 MC	1605G 3	16271		E39	3	V4	14	
			206 40	8		6 (
46	2010	GHC	16 J2 G OA 1189	206 925		E3 81	14	VA	10	
468	2013	6MC	16527 8011727	2 FG		E1 40		VА	10	
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		:								
										;
						<u> </u>			1	1
7.	CERTIFICAT	ION:								
l cer exar	tify that this r nined it, and t	eport, inclu hat the info	ding any attao mation contail	rments, wa ned in it is tn	s prepared te, correct, a	oy me Ind co	or und niplete	er my sup as of this	ervision, t date.	hat I have
R	ICHARD	c ,	844,00			eç.k	e.	2 (Pa	uton	
*Name	(type or print)		1 1		*Sigi	lature				
	CEAS WRI (not required for s		5)		*D;	9 (
rev.	1/4/2016			(page	2 of 2)	annonano, amatakan parkamatan, 74				

DAFRE, INC.

P.O. BOX 7162 WOODBRIDGE, VIRGINIA 22195-7162 (703) 680-0987

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INVENTORY LAST

+ 466	2007 GMC 14 Passenser Dusel Bus VIN# 190J9 31 627 1206 408 Cost - 56,234
48.8	Purchese Date - 12/2007
: 467	2010 GMC 11 PASSENGER 9AS UIN# 167262DGO A 1180925 COOK- 34,000
	Parchose Date - 09/2010
# 468	2013 GMC 11 PADDONGON 900 VAN TAG I E16 409 (VIL) VIN# 16JZ7Z FG8 D 1172717
MANUAL TO THE RESIDENCE OF THE PARTY OF THE	Cost = 33,536.42 ; purchen dote - 1/149 8, 2013